

Notification Form for Suspected Outbreak of Infectious Disease in RCHDs

Suspected Outbreak of Infectious Disease in RCHDs

NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

**cc: Licensing Office of Residential Care Homes
for Persons with Disabilities (LORCHD) of Social Welfare Department (Fax: 2153 0071)**

Name of RCHD: _____ (LORCHD No: _____)

Address of RCHD: _____

Contact person: _____ (Post: _____) Tel: _____

Total no. of residents: _____ Total no. of staff: _____ Fax: _____

No. of sick residents: _____ (No. admitted to hospital: _____)

No. of sick staff: _____ (No. admitted to hospital: _____)

Common symptoms: Fever Sore throat
(May tick multiple items) Cough Running nose
 Diarrhoea Vomiting
 Skin rash Blisters on hand/foot Oral ulcers
 Others (Please specify: _____)

Suspected infectious disease: _____

Reported by Name: _____ Telephone No.: _____
Signature: _____ Fax on: _____ (dd/mm/yy)

For enquiries, please call 2477 2772